

FIRE DRILLS/EMERGENCY EVACUATION RECORD

FACILITY NAME:

ADDRESS:

MONTH/DAY/YEAR	TIME OF DRILL	# OF CHILDREN	NUMBER OF STAFF	EVACUATION TIME	WEATHER CONDITIONS
January				AM/PM	
February				AM/PM	
March				AM/PM	
April				AM/PM	
May				AM/PM	
June				AM/PM	
July				AM/PM	
August				AM/PM	
September				AM/PM	
October				AM/PM	
November				AM/PM	
December				AM/PM	

FIRST AID SUPPLIES AND LOCATION (S) <input type="checkbox"/>	WORKING FLASHLIGHTS IN EACH CLASSROOM (CHECK BATTERIES) <input type="checkbox"/>	EMERGENCY CONTACT INFORMATION FOR EACH CHILD <input type="checkbox"/>
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